



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

FILE NUMBER					
1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box →					
SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Citizens for Decatur Township Schools		3. Acronym or Abbreviated Name (if any)			
4. Mailing Address (Address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 6612 Greenspire Place		5. E-mail Address (Optional)			
6. City Indianapolis	7. State IN	8. ZIP Code 46221	9. Telephone (317) 289 - 4882		
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.37? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
12. State the purpose of the committee and on which issues the committee expects to focus. Support the MSD of Decatur Township in a referendum for operating funds.					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.		14. Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check party affiliation if applicable: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					
16. Chairperson's Name <input type="checkbox"/> Check if this is a new chairperson Gregg West		17. E-mail Address (Optional)			
18. Mailing Address <input type="checkbox"/> Check if this is a new address 5109 Honey Manor Court, Indianapolis, IN 46221		19. Telephone (Day) (317) 856 - 4719	20. Telephone (Evening) (317) 858 - 4719		
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer Mary Farmer		22. E-mail Address (Optional)			
23. Mailing Address <input type="checkbox"/> Check if this is a new address 6612 Greenspire Place, Indianapolis, IN 46221		24. Telephone (Day) (317) 289 - 4882	25. Telephone (Evening) (317) 289 - 4882		
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian Mary Farmer		27. E-mail Address (Optional)			
28. Mailing Address <input type="checkbox"/> Check if this is a new address 6612 Greenspire Place, Indianapolis, IN 46221		29. Telephone (Day) (317) 289 - 4882	30. Telephone (Evening) (317) 289 - 4882		
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) PNC Bank					
SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)					
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Person Appointed Treasurer Mary Farmer</td> <td style="width: 50%; padding: 5px;">Signature of the Committee Chairperson <i>Gregg West</i></td> </tr> </table>		Person Appointed Treasurer Mary Farmer	Signature of the Committee Chairperson <i>Gregg West</i>
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SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)					
33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.					
34. Typed or Printed Name of Treasurer Mary Farmer		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Signature of Treasurer <i>Mary Farmer</i></td> <td style="width: 50%; padding: 5px;">Date (MM-DD-YY) 12-31-13</td> </tr> </table>		Signature of Treasurer <i>Mary Farmer</i>	Date (MM-DD-YY) 12-31-13
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SECTION D. CERTIFICATION OF STATEMENT					
I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.					
35. Typed or Printed Name of Chairperson Gregg West		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Signature of Chairperson <i>Gregg West</i></td> <td style="width: 50%; padding: 5px;">Date (MM-DD-YY) 1/2/2014</td> </tr> </table>		Signature of Chairperson <i>Gregg West</i>	Date (MM-DD-YY) 1/2/2014
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<p>Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-7-3) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-7-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)</p>					

FOR OFFICE USE ONLY

FILED

JAN 08 2014

Elizabeth A. White